

National HIV Testing Week: An Update on Accomplishments & Challenges in Massachusetts

Presentation to
the MDPH Public Health Council
June 24, 2003

Acknowledgements

- HIV/AIDS Bureau
 - Policy and Planning & Health Services Units
- Bureau of Communicable Disease Control
 - HIV/AIDS Surveillance
 - Pediatric Spectrum of Disease Study
 - STD Surveillance

Presentation Overview

- Provide integrated discussion of surveillance information and program response
- Review role of HIV counseling and testing
- Review performance of HIV surveillance system
- Identify progress & challenges:
 - Perinatal transmission
 - At-risk populations
 - New technology & new practices

The Massachusetts Epidemic at a Glance

Cumulative total of 17,998 MA residents have been
diagnosed with AIDS

~ 60% have died

Reported total of 7,946 living with AIDS and 6,305
living with HIV

Estimated total of 19,000 - 21,000 living with
HIV/AIDS

1/4 do not know their status and/or have not been reported

How do we ascertain status of epidemic & needs for program development?

- HIV/AIDS surveillance
- Program participation / evaluation data
- Special studies
 - Standardized CDC HIV & other projects
 - Behavior Risk Factor Survey
 - Pediatric Spectrum of Disease
 - Incidence studies
 - Behavioral surveillance
 - Clinical chart reviews
 - Targeted demonstration projects / research:
 - Acute and urgent care HIV testing

HIV Surveillance: 4 years later

- 7,129 cases of HIV infection reported
 - 4,500 prevalent cases diagnosed before 1999
 - 2,629 new diagnoses from 1999 to present
- Improved ability to:
 - Profile the characteristics of people living with HIV/AIDS
 - Ascertain differential morbidity & mortality
 - Describe populations recently diagnosed with HIV infection

Performance of MA HIV Surveillance System on CDC Performance Criteria

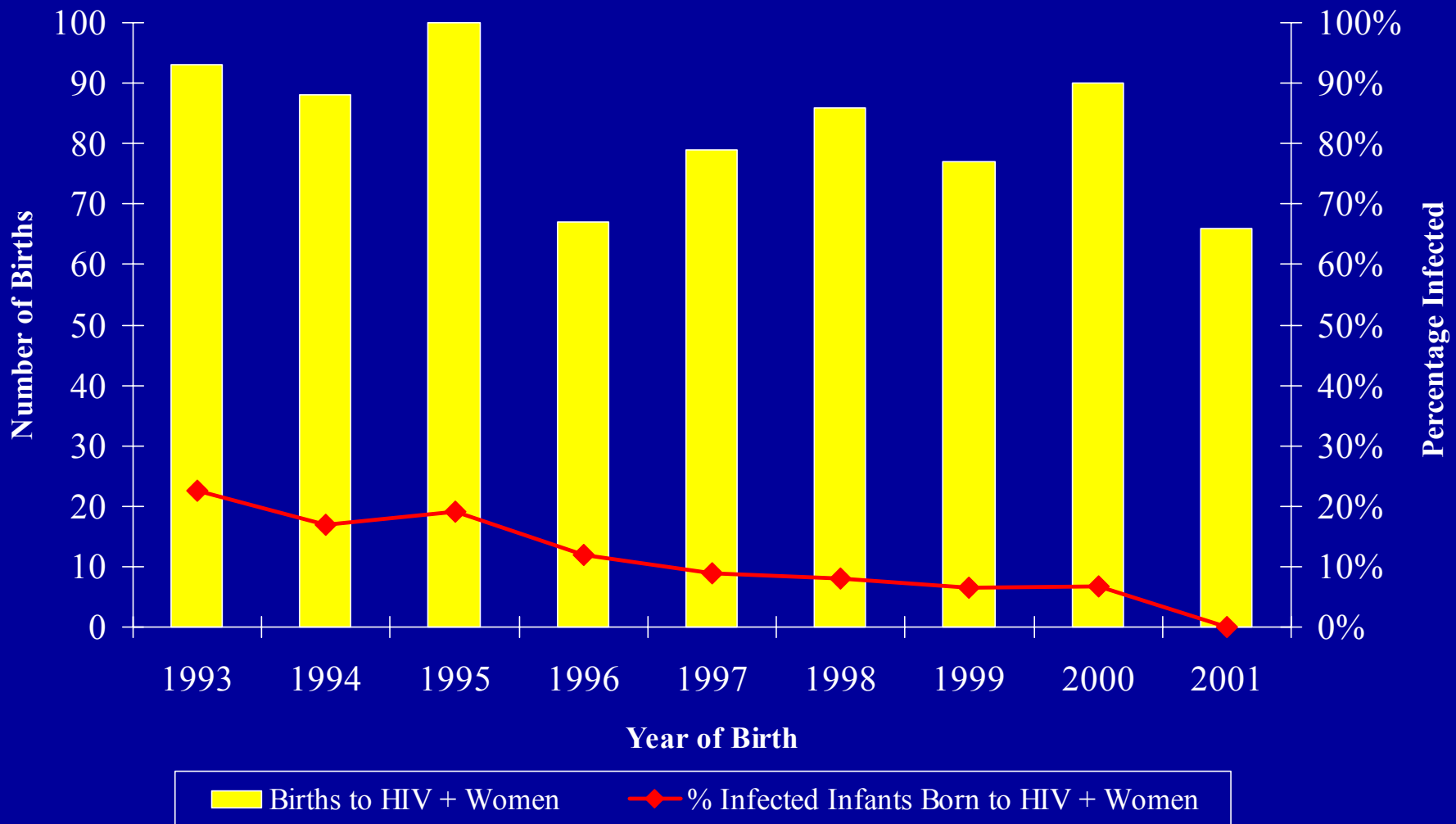
| CDC Performance Criteria | CDC Standard | MA Performance |
|---|--------------|------------------|
| Completeness | $\geq 85\%$ | 85% ¹ |
| Timeliness (cases reported within 6 months) | $\geq 66\%$ | 79% ² |
| Accuracy (sensitivity/specificity) | $\geq 95\%$ | 94%/98% |
| Ascertainment of Risk | $\geq 85\%$ | 84% |

1 completeness results are preliminary; 2 indicates timeliness of HIV cases diagnosed in 2000

HIV Counseling & Testing

- Role: risk assessment, risk reduction, diagnosis, & successful service referral
 - Anonymous & confidential
- National HIV Testing Week
 - Consumer-led effort to promote individuals knowing their status
- CDC new initiative
 - Increase routine testing
 - In settings with $> 1\%$ prevalence
 - Assure status of all pregnant women known before / at delivery

Number of Births to HIV + Women and Percentage of Infected Infants: 1993-2001, MA



Proportion of MA HIV+ Mothers Who did Not Know their Status Prior to Child's Birth by Race/Ethnicity

Data from the PSD Study

| Maternal Race | 1994-1996 (3 year average) | 1997-1999 (3 year average) | 2000-2002 (3 year average) |
|----------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Black | 25.7% | 6.9% | 5.0% |
| Hispanic | 13.3% | 2.4% | 1.5% |
| White | 15.3% | 7.9% | 1.9% |

*Denominator in each race/ethnicity category is all births to HIV+ mothers in that category.

Data Source: Data from the Pediatric Spectrum of Disease. Data as of 5/1/2003

Eight Cities¹ where ≥ 40% of People Diagnosed with HIV from 1999-2002 are Female

| | |
|--------------|-----|
| • MALDEN | 48% |
| • WATERTOWN | 48% |
| • HOLYOKE | 45% |
| • FRAMINGHAM | 44% |
| • BROCKTON | 42% |
| • LAWRENCE | 42% |
| • LYNN | 41% |
| • WALTHAM | 40% |

What are we doing to make a difference in perinatal transmission?

- Updated clinical advisory requiring universal counseling and voluntary testing (1999)
- Increased birth hospital chart reviews and feedback
- Assessed provider knowledge & practices
- Increased communications to at-risk women & their providers



HIV AND PREGNANCY

GET TESTED. GET CARE. GET SUPPORT.

GET TESTED

Now more than ever it's important for women who are pregnant or want to have a baby to be tested for HIV. As part of your prenatal care your medical provider will offer you the test or provide you with a list of local agencies for free and confidential counseling and testing.

Your medical provider will be there to support you through the process. All HIV testing is voluntary, so your medical provider or counselor will need your permission to give you the test.

WHY SHOULD I GET A TEST FOR HIV?

- There are things you can do to stay healthier both with and without HIV.
- There are treatments available to help you have a healthy pregnancy and live longer.
- There are skilled counselors and health care providers available to support you in making decisions and getting into care.
- Your medical provider can talk about ways of keeping you and your baby safe.



WHAT IS THE HIV TEST?

The test can tell you if you have HIV. It looks for HIV antibodies, which are your body's response to having HIV.

- You can take a blood test or your medical provider can tell you about other options.
- Your test result will be given to you face-to-face by your counselor.
- Your counselor will help you find the care and support services you need.

WHAT IF THE HIV TEST IS NEGATIVE?

If you are negative, there are ways to stay negative. It is important that you continue to see your medical provider throughout your pregnancy. Your medical provider or counselor will talk with you about lowering your risk for getting HIV, hepatitis and sexually transmitted diseases through sex or drug use. On-going risk behaviors will increase the chance of getting HIV.

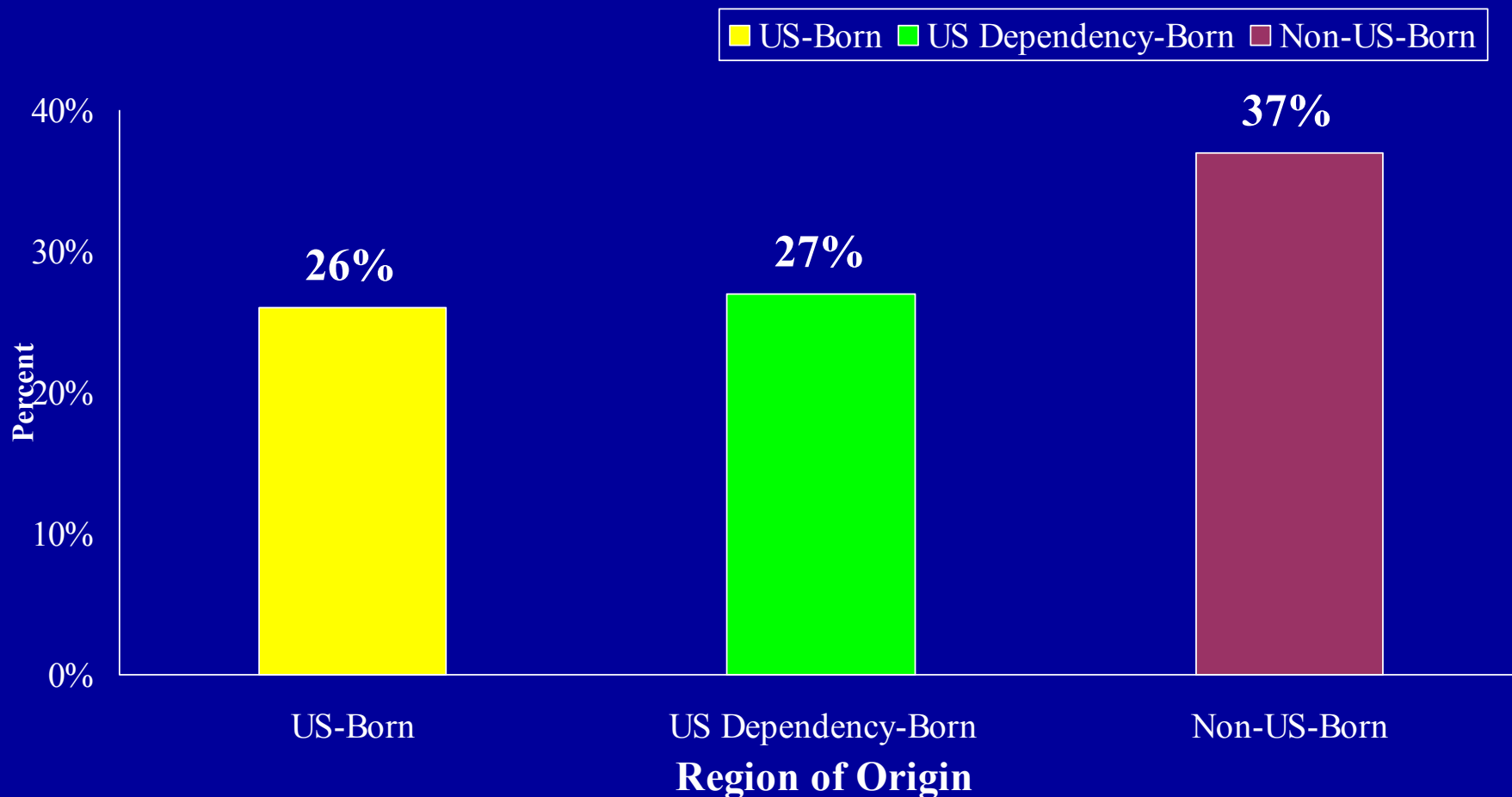
IF I AM POSITIVE, WILL MY BABY HAVE HIV?

Not necessarily. There is a risk that babies born to positive women will have HIV, but most will not. A woman may pass HIV to her baby during pregnancy, during delivery, or by breast-feeding. Other tests are used to see if your baby has HIV. Babies that test positive should be referred to a pediatric HIV specialist for further testing and care.

Strategies for increasing the number of people who know their status

- Assess consumer testing behavior
 - 47.4% MA residents report having ever been tested (BRFSS 2002)
- Identify differential risk & specific barriers to testing
 - Populations with late diagnoses
 - Populations with increasing diagnoses
- Address consumer & provider beliefs, practices, access
 - Information campaigns
 - Clinician training
 - Service delivery development

Simultaneous HIV and AIDS Diagnosis in Massachusetts Residents by Place of Birth, 1999-2001



Do you care about someone
who tested HIV Positive ?
The HDAP program can help.



HIV Drug Assistance Program

The HDAP Program can help to pay for:

- Prescription medications and /or
- Health insurance plans and
- Health insurance co-payments

Anyone can apply, even if they are
not citizens of this country.

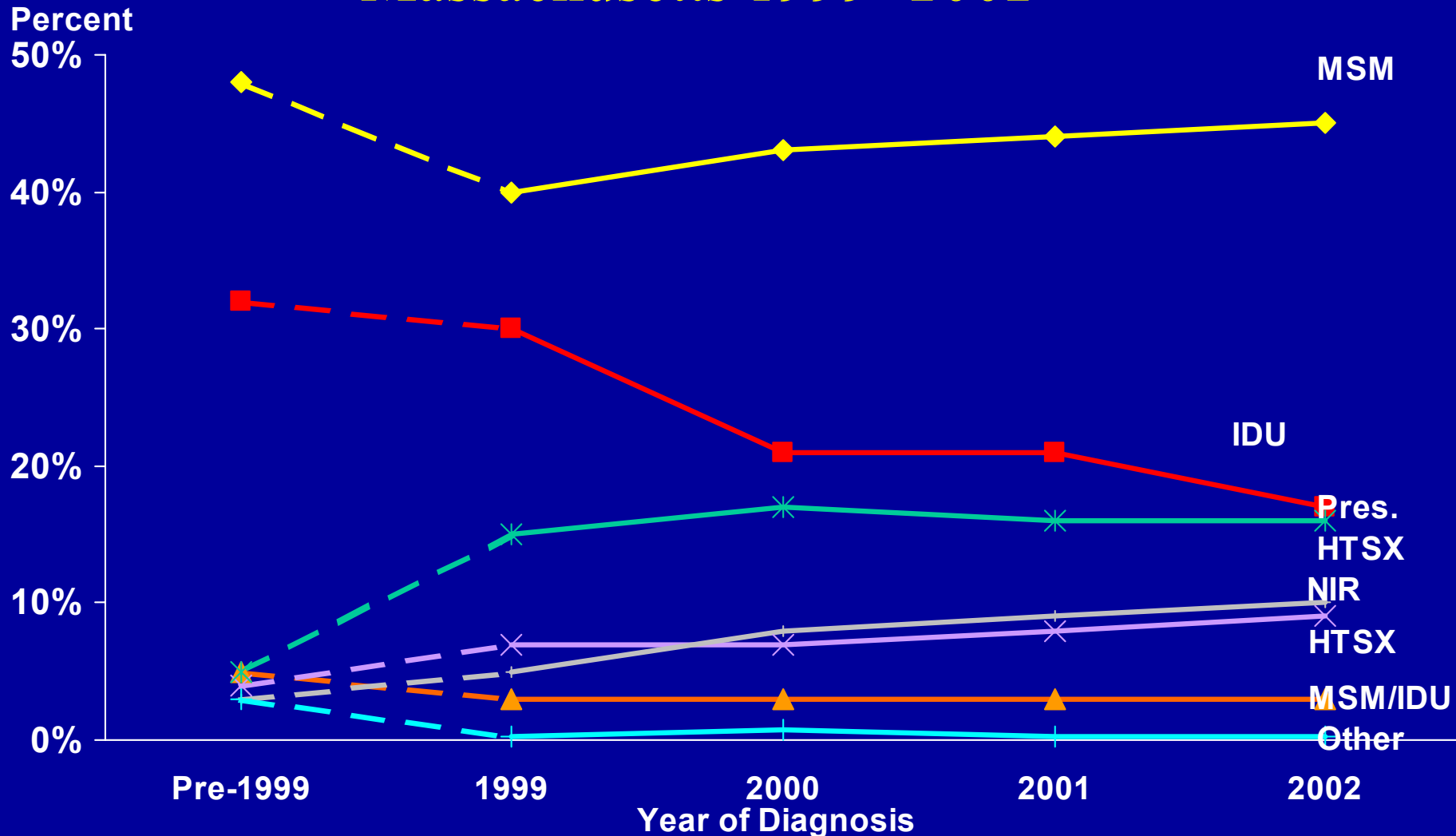
Get Support

A counselor will help you with the
application. All information is confidential.
Call 1-800-228-2714 for help paying
for medicine & insurance.



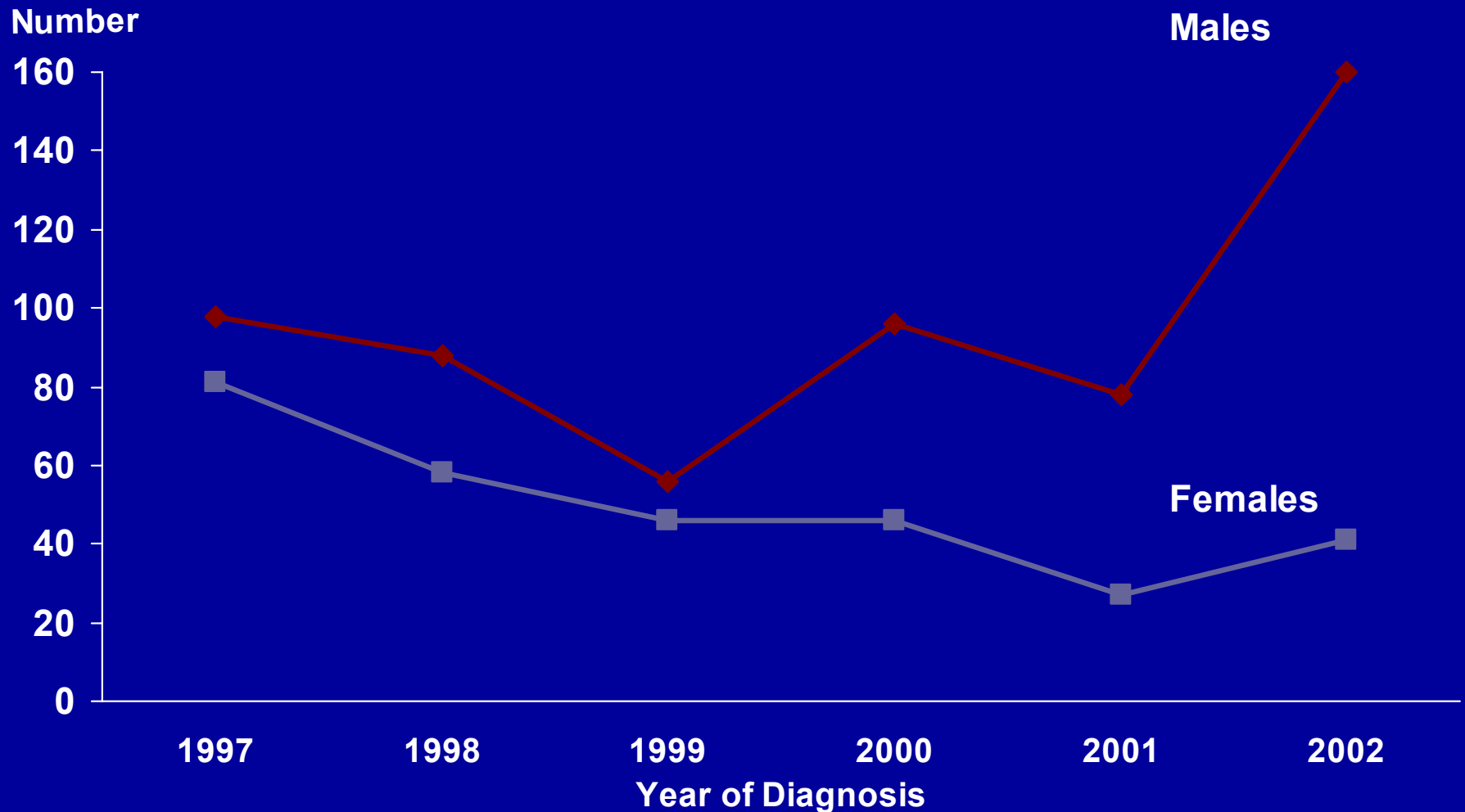
This program is funded by the Massachusetts Department of Public Health

Mode of Exposure to HIV Among Males, Proportions of Reported HIV Infection in Males, Massachusetts 1999- 2002¹

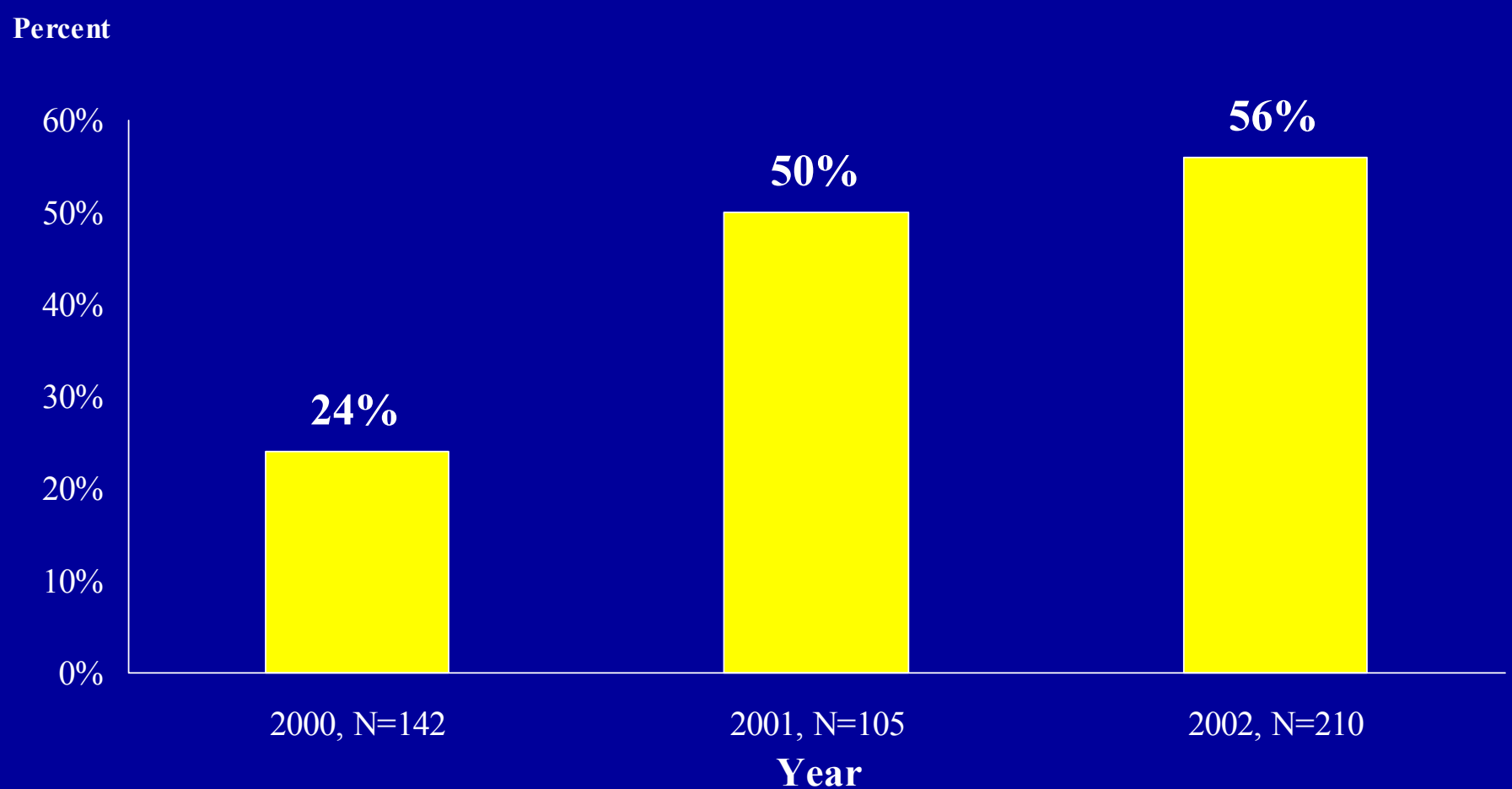


¹ 2002 HIV diagnoses data are preliminary; Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 6/1/2003

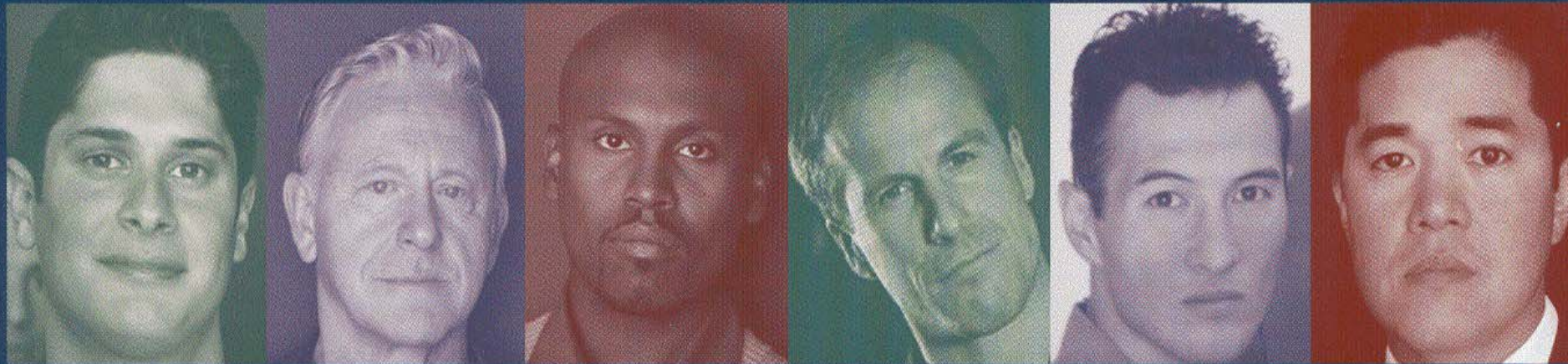
Number of Reported Infectious Syphilis Cases by Gender and Year of Diagnosis: MA, 1997- 2002



Proportion of Infectious Syphilis Cases Among Men Who Have Sex with Men by Year of Diagnosis: MA, 2000-2002

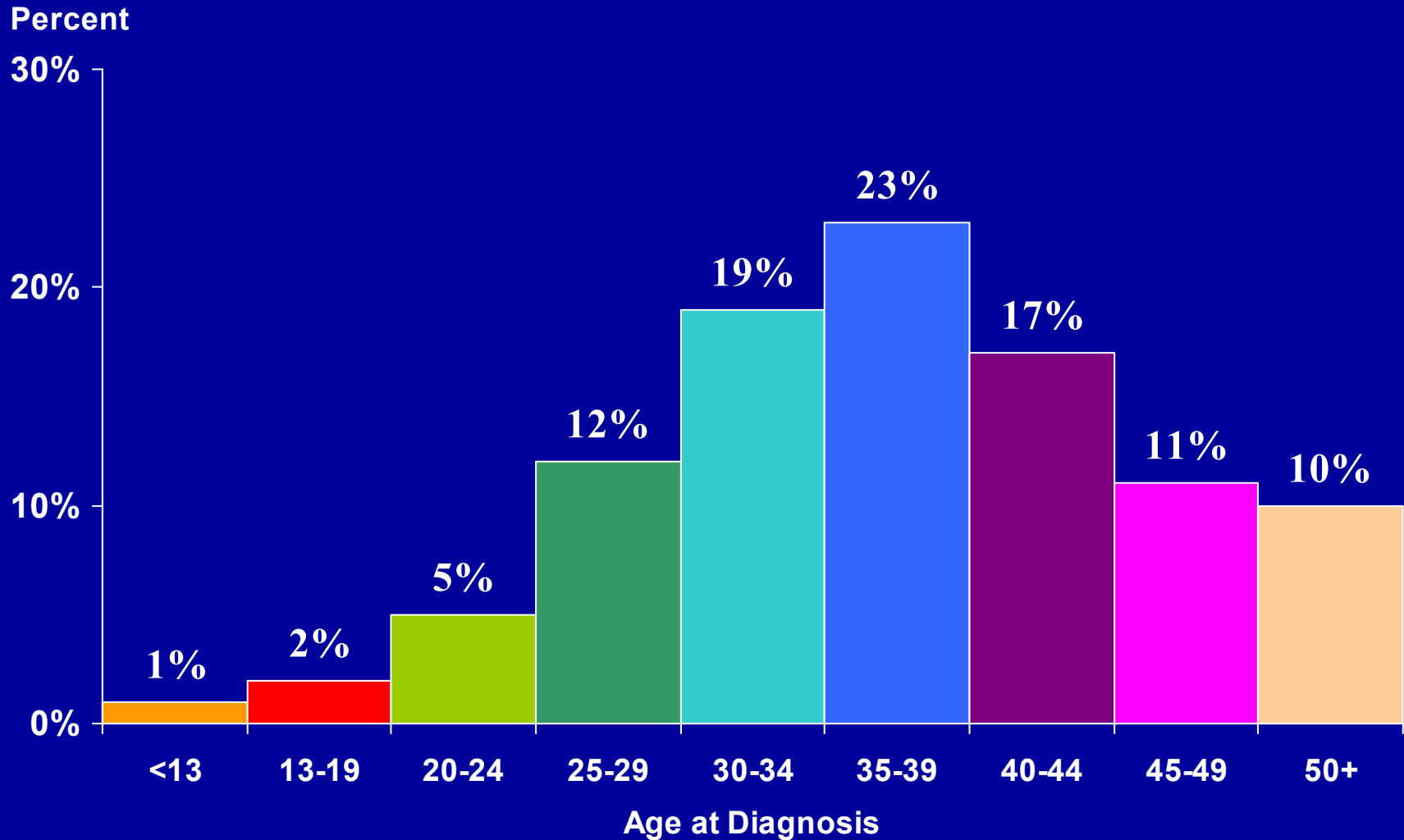


syphilis is spreading
fast throughout Boston's
gay and bisexual communities.

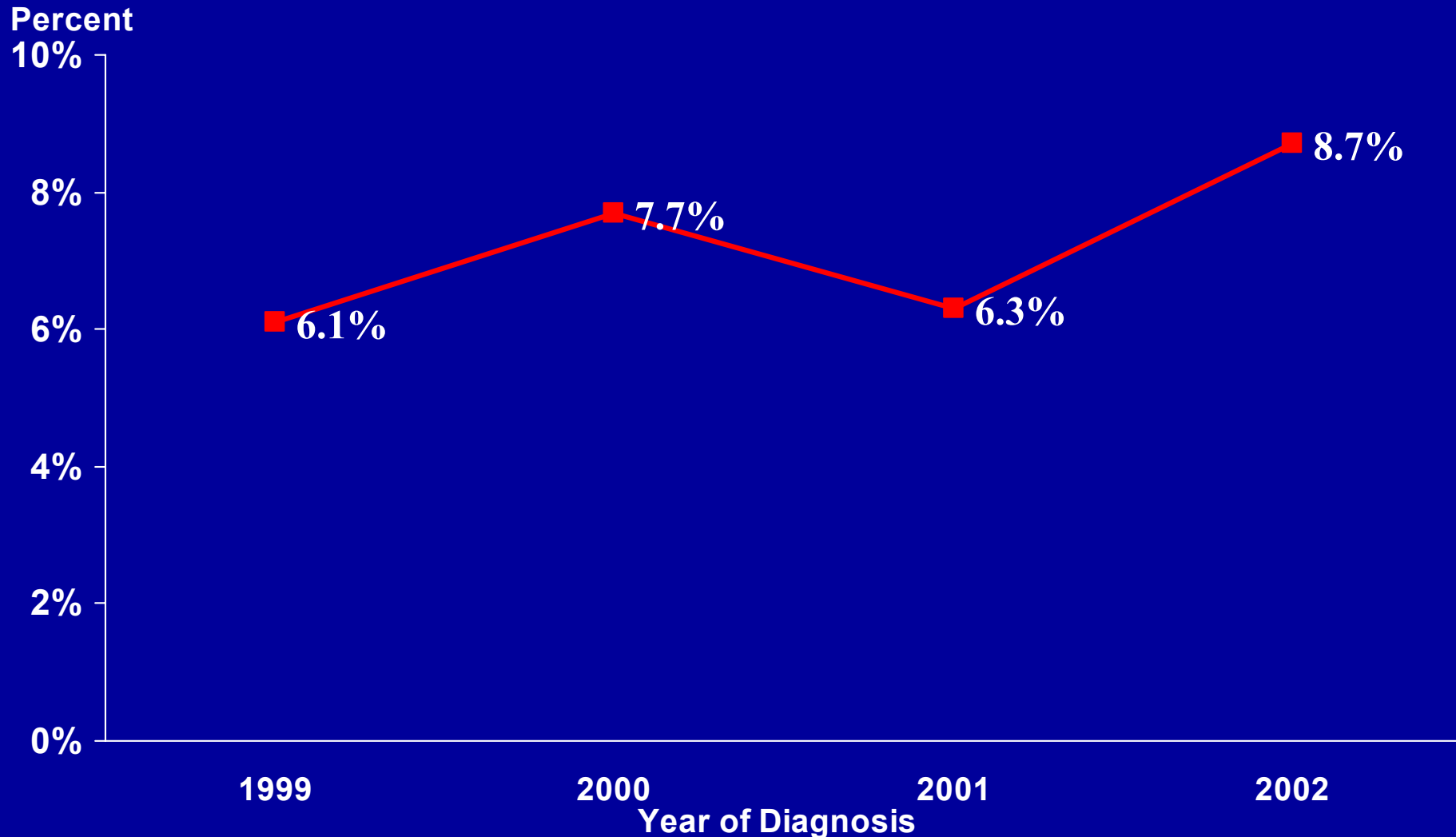


In 2002, the number of Boston-area syphilis cases among
gay and bisexual men was twice the 2001 level.
And, so far in 2003, the number of new cases is even higher.
Unless syphilis is detected and treated before it can be
transmitted, it may reach epidemic levels.

People Diagnosed with HIV from 1999 - 2002¹ by Age at HIV Diagnosis: MA

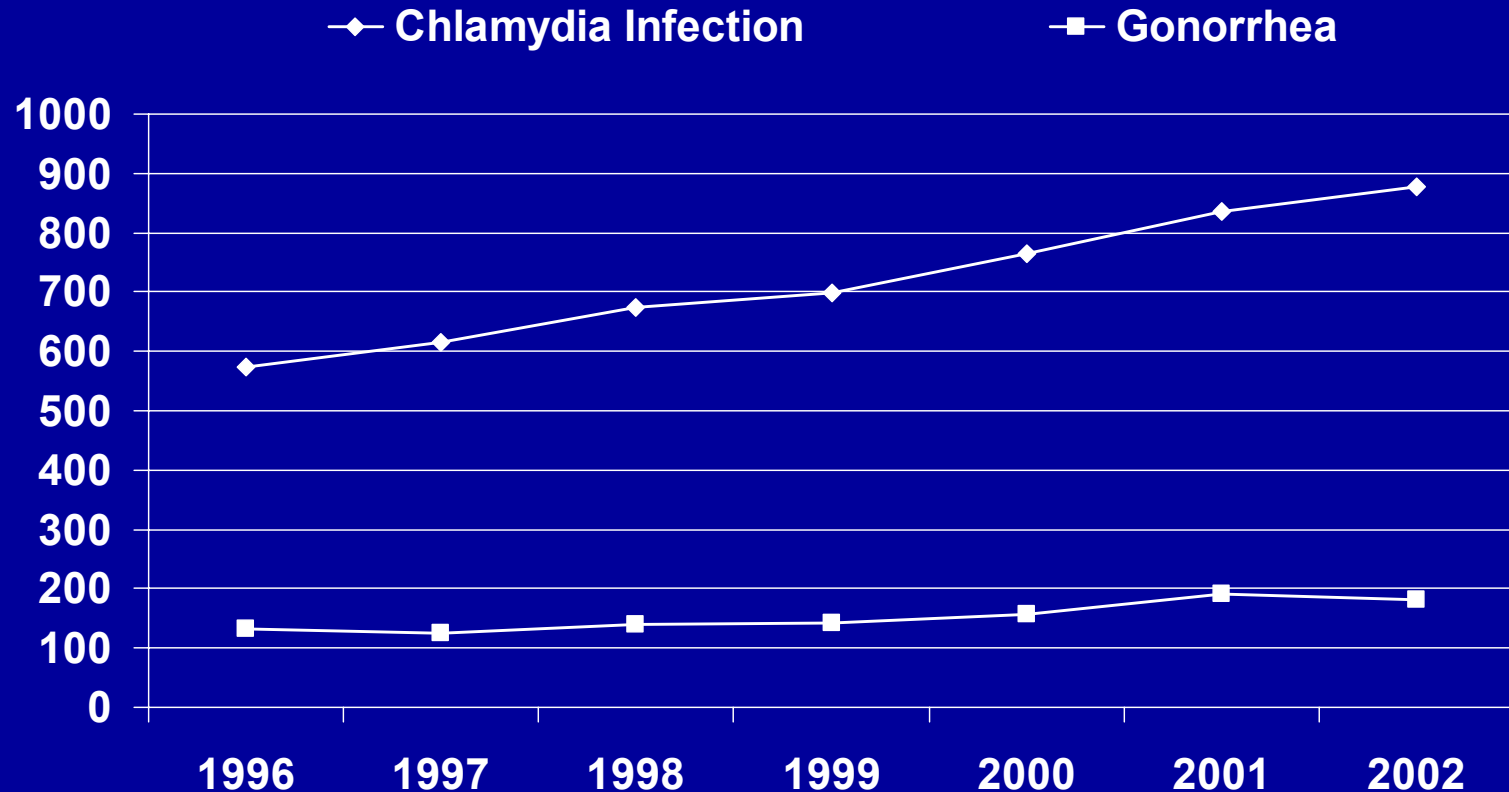


Proportion of People Diagnosed with HIV Infection at Age 13-24 yr. by Year of Diagnosis: MA 1999- 2002¹

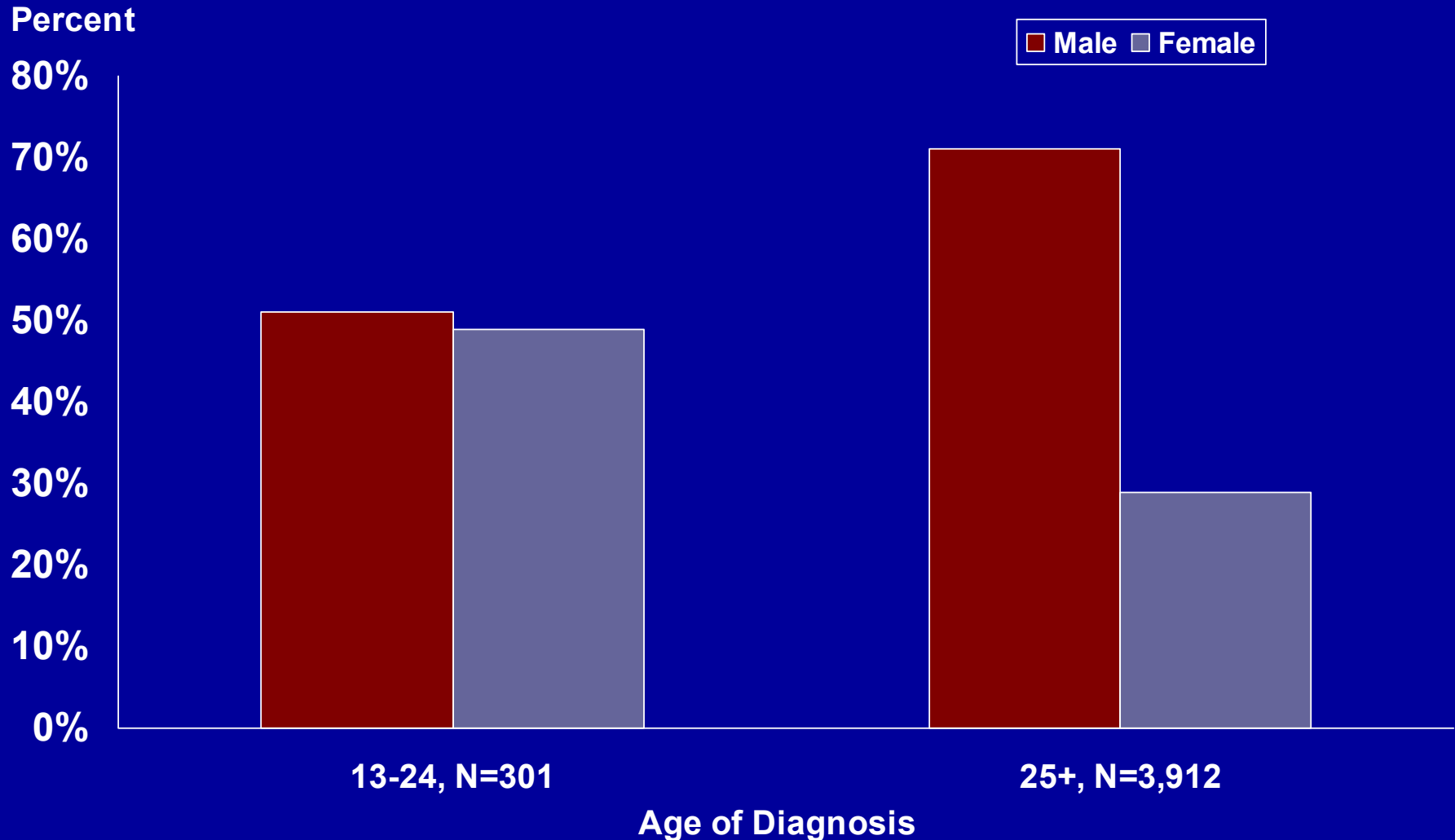


¹ 2002 HIV diagnoses data are preliminary; Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 6/1/2003

Reported Chlamydia Infection and Gonorrhea in 15-19 Year-Old Age Group Rate per 100,000



People Ages 13-24 and 25+ Diagnosed with HIV from 1999 - 2002¹ by Gender: MA

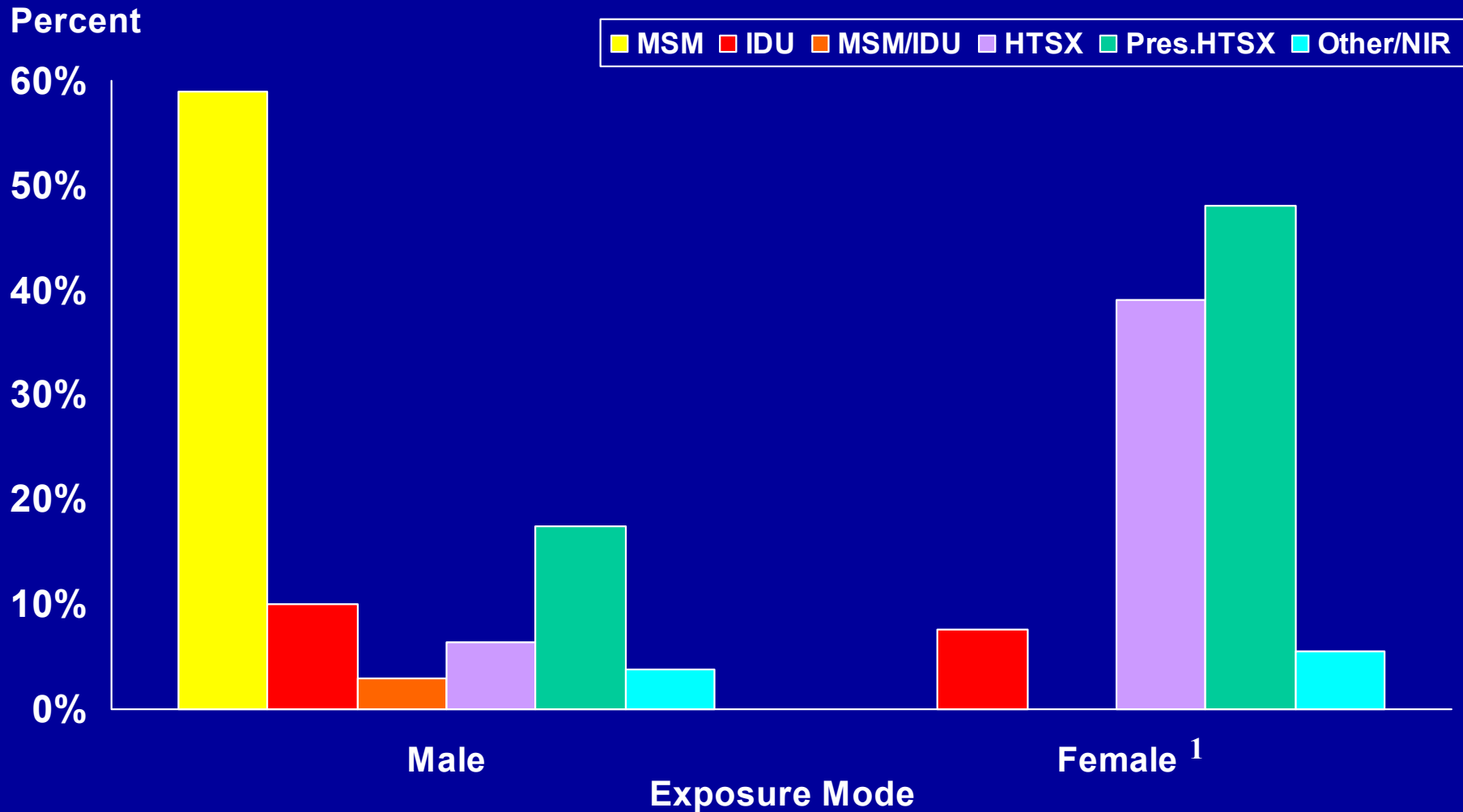


¹ 2002 HIV diagnoses data are preliminary; Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 6/1/03

Top ten cities¹ with highest percentage of recent HIV diagnoses² among 13-24 yr. olds

| | |
|--------------|-----|
| • CHELSEA | 23% |
| • MEDFORD | 15% |
| • LAWRENCE | 14% |
| • CHICOPEE | 13% |
| • BROOKLINE | 12% |
| • SOMERVILLE | 12% |
| • HOLYOKE | 11% |
| • EVERETT | 9% |
| • BROCKTON | 8% |
| • REVERE | 8% |

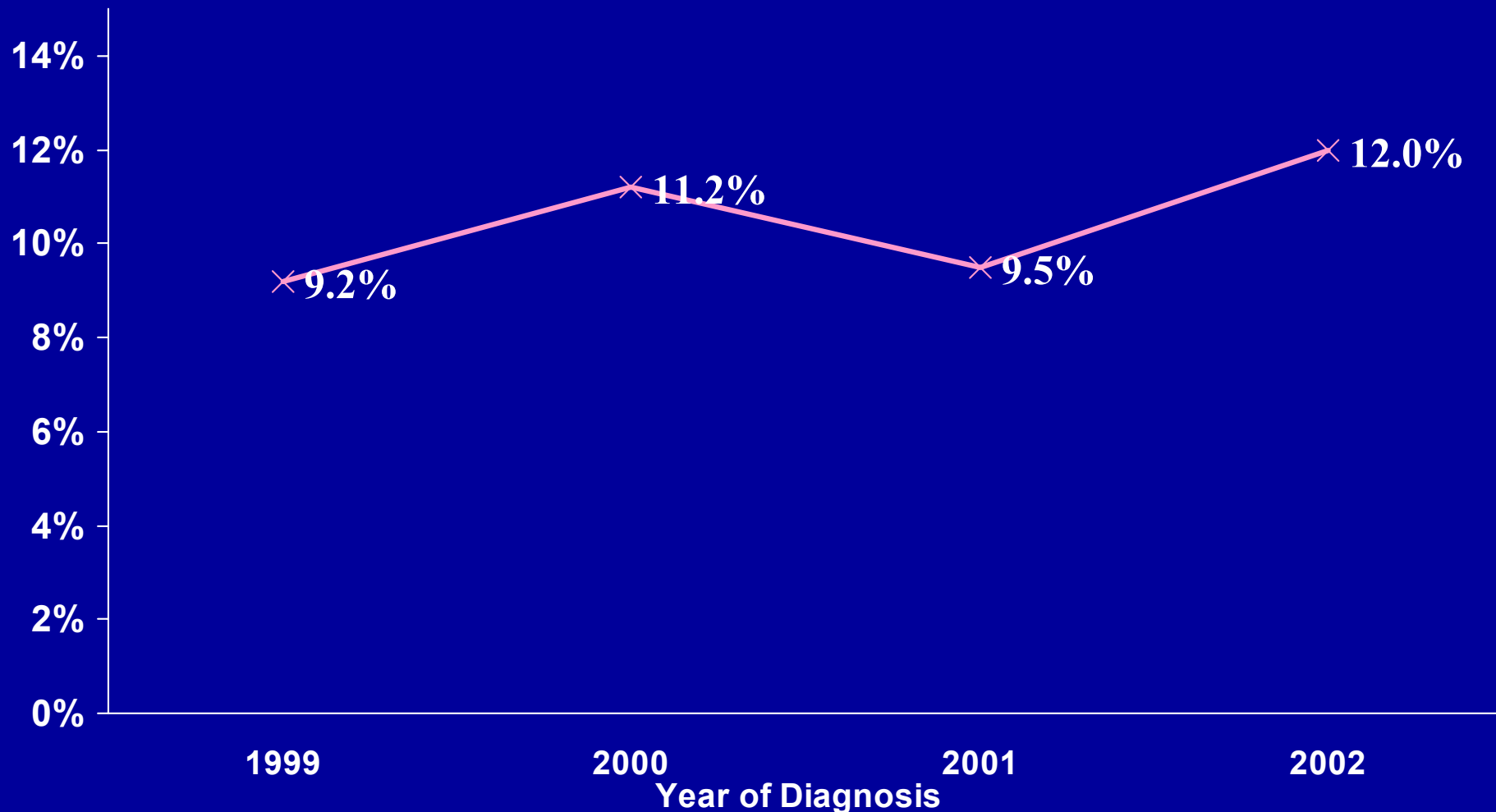
People Ages 13-24 Diagnosed with HIV from 1999 - 2002 by Gender and Exposure Mode: MA



¹ The first and third bars are missing because there are no cases of MSM (male to male sex) or MSM/IDU (male to male sex and injection drug use) for females; Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 6/1/03

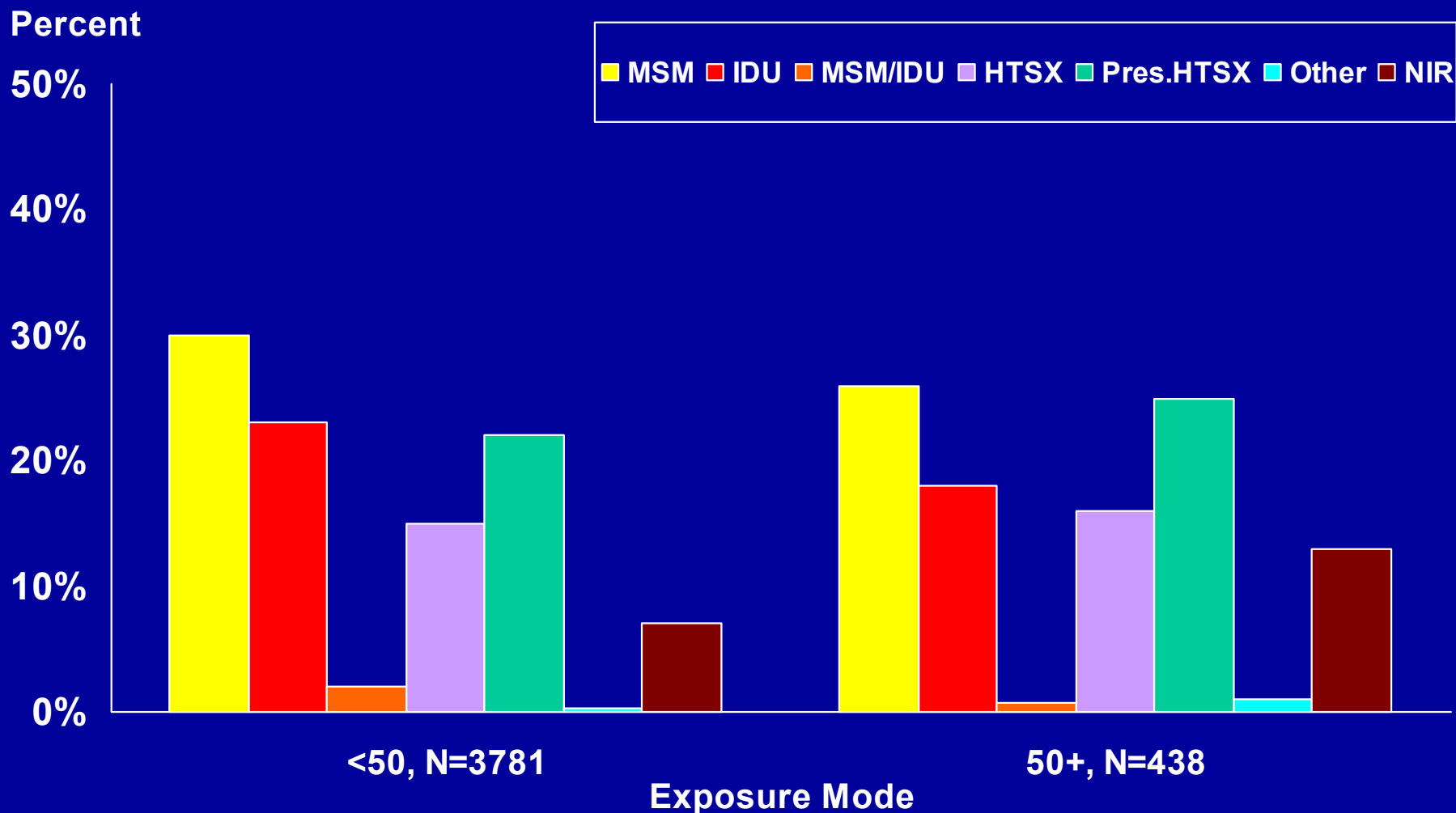
Proportion of People Diagnosed with HIV Infection at Age 50 + yr. by Year of Diagnosis: MA 1999- 2002¹

Percent



¹ 2002 HIV diagnoses data are preliminary; Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 6/1/2003

People Ages Under 50 and 50+ Diagnosed with HIV from 1999 - 2002¹ by Exposure Mode: MA



Moving Forward

- Support increased routine counseling & testing in high prevalence clinical environments
 - Provide clinician training & support
 - Improve consumer awareness & acceptance
 - Link appropriate public health screening
- Support targeted use of rapid testing
 - Initial consultation this week; post marketing surveillance in fall
- Continue timely assessment of changing risk profiles & necessary program changes
 - Assure ongoing robustness of surveillance program
 - Conduct targeted needs assessments
 - Focus new messages & new programs



**NOW THAT
YOU KNOW:**

A Guide to Living with HIV

